HEALTH ENTITIES

COMPANY NAME:	NAIC Company Code:				
Contact:		Telephone:			
DECLUDED EIL INCS IN THE STATE OF	ADKANGAG	Filings Made During the Veer 2023			

(1)	(2)	(3)	(4) NUMBER OF COPIES*		(5)	(6) FORM	(7) APPLICABLE	
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dom	estic	Foreign	DUE	SOURCE**	NOTES
			State	NAIC	State	DATE		
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"X14")	2	EO	0	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01- E29)	2	EO	XXX	3/1	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14")		LO	AAA	5/15,	TURE	
		Quarterly 1 material butternesis (6 /2 × 11)	2	EO	0	8/15, 11/15	NAIC	
				EO	U	11/13	NAIC	
		II. NAIC SUPPLEMENTS		1		•	•	
	11	Accident & Health Policy Experience Exhibit	2	EO	0	4/1	NAIC	
	12	Actuarial Opinion	2	EO	0	3/1	Company	
	13	Life Supplemental Data due March 1	2	EO	0	3/1	NAIC	
	14	Life Supplemental Data due April 1	2	EO	0	4/1	NAIC	
	15	Life Supp Statement non-guaranteed elements – Exh 5, Int. #3	2	ЕО	0	3/1	Company	
	16	Life Supp Statement on par/non-par policies – Exh						
	4.5	5 Int. 1&2	2	EO	0	3/1	Company	
	17	Life, Health & Annuity Guaranty Association Assessable Premium Exhibit, Parts 1 and 2	2	EO	xxx	4/1	NAIC	
	18	Long-Term Care Experience Reporting Forms	2	EO	XXX	4/1	NAIC	
	19	Management Discussion & Analysis	2	EO	0	4/1	Company	
	20	Medicare Part D Coverage Supplement	2	EO	U	3/1, 5/15,	Company	
			2	EO	0	8/15, 11/15	NAIC	
	21	Medicare Supplement Insurance Experience						
		Exhibit	2	EO	XXX	3/1	NAIC	
	22	Risk-Based Capital Report	2	EO	0	3/1	NAIC	
	23	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	24	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	
	25	Supplemental Health Care Exhibit (Parts 1, 2 and 3)	2	ЕО	0	4/1	NAIC	
	26	Supplemental Health Care Exhibit's Allocation			-			
		Report	2	EO	0	4/1	NAIC	
	27	Supplemental Investment Risk Interrogatories	2	EO	0	4/1	NAIC	
		III. ELECTRONIC FILING						
		REQUIREMENTS						
	61	Annual Statement Electronic Filing	XXX	EO	XXX	3/1	NAIC	
	62	March .PDF Filing						Email to
								insurance.finance@arkansas
			1	EO	XXX	3/1	NAIC	<u>.gov</u>
	63	Risk-Based Capital Electronic Filing	XXX	EO	N/A	3/1	NAIC	
	64	Risk-Based Capital .PDF Filing	XXX	EO	N/A	3/1	NAIC	
	65	Supplemental Electronic Filing	XXX	EO	XXX	4/1	NAIC	
	66	Supplemental .PDF Filing						Email to insurance.finance@arkansas
			1	EO	xxx	4/1	NAIC	<u>.gov</u>
	67	Quarterly Statement Electronic Filing				5/15,		
			xxx	EO	XXX	8/15, 11/15	NAIC	
	68	Quarterly .PDF Filing				5/15,		Email to
			1	EO		8/15,	NAIC	insurance.finance@arkansas
	69	June .PDF Filing	1	EO	XXX	11/15	NAIC	.gov Email to
			1	EO	ww.	6/1	NAIC	insurance.finance@arkansas
			1	EU	XXX	0/1	NAIC	.gov

(1)	(2)	(3)		(4)		(5)	(6)	(7)
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	NUMBER OF COPIES* Domestic Foreign		DUE	FORM SOURCE**	APPLICABLE NOTES	
Checklist	Line #	REQUIRED FIEMOS FOR THE ABOVE STATE	State	NAIC	State	DATE	SOURCE	NOTES
		IV. AUDIT/INTERNAL CONTROL		•			•	
		RELATED REPORTS		1	1		I	
	81	Accountants Letter of Qualifications	2	EO	N/A	6/1	Company	
	82	Audited Financial Reports	2	EO	0	6/1	Company	
	83 84	Audited Financial Reports Exemption Affidavit Communication of Internal Control Related Matters	2	N/A	N/A		Company	
	04	Noted in Audit	2	EO	N/A	8/1	Company	
	85	Independent CPA (change)	2	N/A	N/A	0/1	Company	
	86	Management's Report of Internal Control Over						
		Financial Reporting	2	N/A	N/A	8/1	Company	
	87	Notification of Adverse Financial Condition	2	N/A	N/A		Company	
	88	Relief from the five-year rotation requirement for	2	FO	0	2/1		
	89	lead audit partner Relief from the one-year cooling off period for	2	EO	0	3/1	Company	
	09	independent CPA	2	EO	0	3/1	Company	
	90	Relief from the Requirements for Audit		20		5,1	Сотрану	
		Committees	2	EO	0	3/1	Company	
	91	Request for Exemption to File Management's						
		Report of Internal Control Over Financial	_	3.T/ ·	3.T/ *		C	
		Reporting	2	N/A	N/A		Company	
		V. STATE REQUIRED FILINGS			<u> </u>	<u> </u>	<u> </u>	
	101	Corporate Governance Annual Disclosure***						See Rule 8
	101	Corporate Governance Annual Disclosure						https://insurance.arkansas.gov/si
								te/assets/files/2632/rule_8_corpo rate_governance_annual_disclos
								ure.pdf
			2	0	0		Company	
	102	Filings Checklist (with Column 1 completed)	0	0	0		State	
	103	Form B-Holding Company Registration Statement	2	0	0		Company	
	104	Form F-Enterprise Risk Report **** ORSA *****	2 2	0	0		Company	
	105 106	Premium Tax-	2	0	0	<u> </u>	Company	
	100	https://insurance.arkansas.gov/pages/industry-						
		regulation/accounting/			Tax Filings	& Annual Fee	s: <u>https://ww</u>	w.optins.org /
					Bulletin 07-	2022		
		List of Forms & Due Dates: https://insurance.arkansas.gov/uploads/pages/filing					s.gov/uploads/p	ages/7-2022_antifraud.pdf
		_due_dates_2020.pdf						
	107	State Filing Fees: https://www.optins.org/						
		All filing fees for certificate of authority renewal and annual statement filing fees are included on						
		the premium tax forms.						
		and promising that forms.						
		Bulletin 07-2022						
		https://insurance.arkansas.gov/uploads/pages/7-						
		2022 antifraud.pdf						
				0		3/1	State	
	108	Signed Jurat: Document must be filed in electronic		Ŭ				
		.pdf format at: <u>Insurance.finance@arkansas.gov</u>				3/1 annual		
		for only the annual statement filing.	XXX	0	1	filing only	NAIC	
	109	Group Capital Calculation (File with lead state only)						Group Capital Calculation not yet required for Arkansas
		(1 He with read state only)						domestic companies.
		G. C.		, ,		ı	1	
	110	Certificate of Deposit- All foreign insurers who hold a certificate of authority in Arkansas are						
		now required to email a PDF electronic copy of						
		an original Certificate of Deposit from the state						
		of domicile only to the following email						
		address:						
		aid.certificateofdepositfiling@arkansas.gov						
		(DO NOT MAIL HARD COPIES)						
		Questions: 501-371-2679 or						
		malisa.landers@arkansas.gov						
		On the subject line list the company's NAIC#						
		and full name of the company.	N.T. (4		<u>.</u>	2/1	a.	
			N/A	0	1	3/1	State	

(1)	(2)	(3)	(4) NUMBER OF COPIES*		(5)	(6) FORM	(7) APPLICABLE	
Checklist	Line #	REQUIRED FILINGS FOR THE ABOVE STATE	Dome		Foreign	DUE	SOURCE**	NOTES
_			State	NAIC	State	DATE		
	111	Certificate of Compliance & Certificate of Valuation	N/A	N/A	N/A	N/A	N/A	Not required
	112	Anti-Fraud Plan: Ark. Code Ann.§23-66-510 & Rule 66. For questions contact, Dan.Reber@arkansas.gov or 501-371-2796.	Varies by Company					Varies by Company
	113	Anti-Fraud Assessment & Company Financial Regulation Fee.						
		These are on a Combined Form in the OptIns system. Bulletin 07-2022 https://insurance.arkansas.gov/uploads/pages/7-2022 antifraud.pdf Risk Based Provider Organizations and Medicare Advantage Plans Only are exempt from Sling the Arti Fraud Assessment & Company						
		filing the Anti-Fraud Assessment & Company Financial Regulation Fee.	1	0	1	6/1	OptIns	

(1) Checklist	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	Dome		Foreign	(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
	114	Affiliated Transaction Disclosure Form for Arkansas Domestics not subject to the Holding Co ACT- This form may be modified in a non-substantive manner to accommodate reporting. The original and one copy of the form should be mailed to: ARKANSAS INSURANCE DEPARTMENT FINANCE DIVISION 1 Commerce Way, Suite 505 Little Rock, AR 72202-2087 This form may be filed electronically as a PDF file by emailing to insurance.finance@arkansas.gov. If filed electronically, the original form evidencing the original signatures should be kept on file at the Company for 5 years. The blank form is available electronically at: https://insurance.arkansas.gov/pages/industry-regulation/finance/forms/	State 2	NAIC 0	N/A	3/1,5/15,8/15, 11/15	State	All domestic companies (except FMAAs) which are not subject to the Holding Company Act

^{*}If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

^{**}If Form Source is NAIC, the form should be obtained from the appropriate vendor.

^{***}For those states that have adopted the NAIC Corporate Governance Annual Disclosure Model Act, an annual disclosure is required of all insurers or insurance groups by June 1. The Corporate Governance Annual Disclosure is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm.

^{****}For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public lead state report.htm

^{*****}For those states that have adopted the NAIC Risk Management and Own Risk and Solvency Assessment Model Act, a summary report is required annually by insurers and insurance groups above a specified premium threshold. The ORSA Summary Report is a state filing only and should <u>not</u> be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state if filed at the insurance group level. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A		Contact for Financial Statements: Kimberly Johnson, Insurance Senior Examiner, Finance Division 501- 371-2680 insurance.finance@arkansas.gov
В	Mailing Address for ANNUAL/QUARTERLY STATEMENTS: All items must be mailed U.S Mail, Postal Express (UPS, Fed Ex or Etc.); Priority Mail & Certified Mail is also accepted. All filings must be physically received at the address noted, no later than the due date. Companies will be fined \$100 per day for a late filing.	Arkansas Insurance Department Attn: Finance Division 1 Commerce Way, Suite 505 Little Rock, AR 72202-2087
C	Mailing Address for Filing Fees:	Filed and paid through OPTins http://www.optins.org/
D	Mailing Address for Premium Tax Payments:	Filed and paid through OPTins http://www.optins.org/
E	All filings must be physically received at the Department, no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day. (PLEASE DESIGNATE WHAT PERSON OR DIVISION THE FORMS ARE BEING DELIVERED TO)	Arkansas Insurance Department Attn: Finance Division 1 Commerce Way, Suite 505 Little Rock, AR 72202-2087
F	Late Filings:	Companies will be fined \$100 per day for a late filing.
G	Original Signatures: Our Department will be temporarily accepting electronic signatures.	Original signatures required on all filings from domestic companies. Foreign companies should follow the instructions in the NAIC Annual Statement Instructions.
H	Signature/Notarization/Certification: If a Company is unable to make a hard copy filing at this time, please contact the Department for prior arrangements.	For questions: Send an email to Insurance.Finance@arkansas.gov All electronic filings should be emailed to: Insurance.Finance@Arkansas.gov
I	Amended Filings or Request for an Extension to File: If your Company believes that it will not be able to meet a deadline required by law or order, please contact the Finance Division. Companies are required to make all mandated electronic filings with the NAIC, as well as those that are filed with the Department.	Insurance.Finance@arkansas.gov

General Instructions For Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will

not be sending their own checklist this year.

Electronic Filing is intended to be filing(s) submitted to the NAIC via the NAIC Internet Filing Site which eliminates the need for a company to submit diskettes or CD-ROM to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) Checklist

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when submitting information to the state.

Column (2) Line #

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) Required Filings

Name of item or form to be filed.

The Annual Statement Electronic Filing includes the annual statement data and all supplements due March 1, per the Annual Statement Instructions. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail.

The March.PDF Filing is the .pdf file for annual statement data, detail for investment schedules and supplements due March 1.

The Risk-Based Capital Electronic Filing includes all risk-based capital data.

The Risk-Based Capital.PDF Filing is the .pdf file for risk-based capital data.

The Supplemental Electronic Filing includes all supplements due April 1, per the Annual Statement Instructions.

The Supplemental.PDF Filing is the .pdf file for all supplemental schedules and exhibits due April 1.

The *Quarterly Electronic Filing* includes the complete quarterly filing and the PDF files for all quarterly data.

The Quarterly.PDF Filing is the .pdf file for quarterly statement data.

The June.PDF Filing is the .pdf file for the Audited Financial Statements and Accountants Letter of Qualifications.

Column (4) Number of Copies

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (EX) Task Force modified the 1999 Annual Statement Instructions to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and have chosen to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

Column (5) Due Date

Indicates the date on which the company must file the form.

Column (6) Form Source

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally, on the state web site). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) Applicable Notes

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes <u>before</u> submitting a filing